Approved for use through 07/31/2006.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE aperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Suant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known			
		Application Number	10/820,394		
EE IRAN	ISMITTAL	Filing Date	April 8, 2004		
For FY 2005 icant claims small entity status. See 37 CFR 1.27		First Named Inventor	Boss et al.		
		Examiner Name	Ghassem Alie		
		Art Unit	3724		
MOUNT OF PAYMENT	(\$) 455.00	Attorney Docket No.	LRP-DT037 (20 214 Di/ba)	_	

TOTAL AMOUNT OF PAY		455.00		Attorney Docke	LINO. LB	P-PT037 (20 21	14 DI/De)	
METHOD OF PAYMEN	IT (check all	that apply)						
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 22-0493 Deposit Account Name: Volpe and Koenig, P.C.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEA	FILING I			CH FEES Small Entity		ATION FEES Small Entity		
Application Type	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>		Fee (\$)	Fee (\$)	Fees Pa	id (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		<del></del>
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Multiple dependent claims  Small Entity Fee (\$) Fee (\$)  25  100  180								
Multiple dependent clair Total Claims	Extra Claim	s Fee (\$)	Fee F	Paid (\$)	Multiple D	Dependent Claims	500	100
- =		x	= 0.00		Fee (\$)		(\$)	·
HP = highest number of total Indep. Claims  HP = highest number of inde	Extra Claim	<u>Fee (\$)</u>	= 0.00	raid (\$)		0.00		
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets Number of each additional 50 or fraction thereof (round up to a whole number) x  Fee Paid (\$)  OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)								
Other: Extension of Time within one month and RCE Fee 455.00								

SUBMITTED BY	1.1		
Signature	M	Registration No. 34,626 (Attorney/Agent)	Telephone 215-568-6400
Name (Print/Type)	Randolph J. Huis		Date 10/6/2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.